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# \$1,000,000 ANNUAL EXCESS MAJOR MEDICAL

*for school districts, municipalities and subdivisions that participate in the Empire Plan or an approved similar plan*



**coinsurance reimbursement**

in-hospital **private duty nursing**

**deductible reimbursement**

outpatient rehabilitation

up to 30 days **care in a nursing home**

**annual vision care** benefits

**\$50 per day in-hospital benefit** for employees only

**\$15,000 AD&D benefit** for employees only

YOUR PLAN  
COORDINATOR IS:

## FIRST REHAB LIFE

A.M. Best Rating A- (excellent)

*Underwritten by:* THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA • [WWW.FIRSTREHAB.COM](http://WWW.FIRSTREHAB.COM)  
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# PLAN 1

## COINSURANCE REIMBURSEMENT

This benefit reimburses the out-of-network coinsurance for covered expenses for you and your covered dependents: to a maximum of \$1,069 each for you and your spouse/domestic partner, and up to \$1,069 for all dependent children combined. Covered expenses equal the "amount allowed" under any approved plan with similar benefits. Coinsurance for **psychiatric expenses** is included in the maximum coinsurance benefit.

## DEDUCTIBLE REIMBURSEMENT

When you or a covered family member incur \$100 in covered expenses, all deductibles on a dollar-for-dollar basis up to \$388 per individual are covered. When covered expenses reach \$250 for a family, all deductibles on a dollar-for-dollar basis up to \$1,164 are covered.

## IN-HOSPITAL PRIVATE DUTY NURSING BENEFIT

This benefit provides 50% of the Reasonable and Customary Charge for the first 48 hours of private duty nursing while hospitalized.

## UNLIMITED OUTPATIENT REHABILITATION BENEFIT

Outpatient rehabilitation therapy in a comprehensive outpatient rehabilitation facility is coordinated with the underlying Empire Plan's Medical Program or an approved plan with similar benefits. Reimbursement is provided on a dollar-for-dollar basis. Specific areas of outpatient rehabilitation services are: occupational therapy, physical therapy, speech therapy, inhalation therapy, psychodiagnostic evaluation (excluding treatment), coordination of medical services (Medical Social Services), audiologic evaluation, and loan of rehabilitation equipment prescribed by the rehabilitation center physician.

## \$1,000,000 ANNUAL EXCESS MAJOR MEDICAL EXPENSE BENEFIT

If you or a covered family member exhausts \$1,000,000 of the underlying Major Medical benefits in a calendar year, this program covers most charges payable under the "Empire Plan Plus Medical & Psychiatric Enhancements Plan" or an approved similar plan, up to a calendar year maximum excess benefit of \$1,000,000.

## CARE IN A NURSING HOME

This benefit covers care in a nursing home if you are under the treatment of a physician, for a maximum of 30 consecutive days from admission to the nursing home, only if further hospitalization would otherwise be necessary and the covered person has been in a hospital for at least three days immediately preceding admittance to the nursing home.

## VISION CARE BENEFIT

First Rehab Life will pay benefits up to a maximum per insured person, based on the schedule shown below, **every policy year** for any of the following procedures:

▶ complete pair of eyeglasses (including eye examination) with frame and single vision lenses .....	\$90.00
▶ complete pair of eyeglasses (including eye examination) with bifocal lenses and frame .....	\$110.00
▶ complete pair of eyeglasses (including eye examination) with trifocal lenses and frame .....	\$120.00
▶ contact lenses, including examination and fitting .....	\$125.00
▶ contact lens examination and fitting only .....	\$65.00
▶ tint where medically indicated - add .....	\$7.50
▶ unusually heavy or postoperative lenses at prescription prices not to exceed American Optical Price List. Individual pays amount in excess of insurance company payments which are limited to .....	\$75.00
▶ eye examination where no glasses are needed or no change in prescription is indicated .....	\$28.00
▶ lenses only where individual supplies frame (not including examination)	
single vision .....	\$26.00
bifocal .....	\$40.00
trifocal .....	\$52.00
▶ contacts (not including examination and/or fitting fee) .....	\$60.00
▶ frame only .....	\$27.00
▶ subnormal vision care (where acuity cannot be corrected to a 20/70 standard by use of corrective lenses) .....	80%/ \$375*

\*80% of the eligible expenses incurred up to a maximum of \$375 per covered person in each policy year.



## REASONABLE AND CUSTOMARY REIMBURSEMENT

### \$50 PER DAY IN-HOSPITAL BENEFIT

This benefit provides \$50.00 per day for covered employees who are continuously confined to a hospital and under the care of a doctor. The maximum duration of this benefit is 26 weeks for any hospitalization.

### \$15,000 AD&D BENEFIT

Accidental death and dismemberment coverage is provided to you for accidental bodily injury causing a covered loss.

} **special  
employee-only  
benefits**

The following copayments are not covered under the Excess Plan: copayments for Empire participating providers; Blue Cross hospital outpatient care, outpatient care incurred with a network provider, and prescription drug program.

Please refer to the policy for a complete list of policy provisions, conditions and exclusions. This brochure is for illustrative purposes only, providing a general overview of the services described. It is not a contract. All coverage extends up to policy limits. Expenses not covered by the underlying Empire Plan are not covered under the program described above. Insurance evidenced by this brochure provides limited health insurance benefits. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Policies are reviewed annually and may be cancelled for non-payment. • Mktg# XM-1F-NY-P1-G3 03/09 update 01/11 • Policy Form# XGMMMP-NY 01/01, XGMM-1-NY